

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.B.		10/16/49
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	70059	<i>[Signature]</i>
FORMALITY REVIEW	<i>[Signature]</i>		10/17

INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
||	..... Allowed	I	..... Interference
-	(Through numeral) Canceled	A	..... Appeal
+	..... Restricted	O	..... Objected

Claim	Final	Original	Date
1	✓	✓	11.11.03
2	✓	✓	5.2.03
3	✓	✓	5.2.03
4	✓	✓	5.2.03
5	✓	✓	5.2.03
6	✓	✓	5.2.03
7	✓	✓	5.2.03
8	✓	✓	5.2.03
9	✓	✓	5.2.03
10	✓	✓	5.2.03
11	✓	✓	5.2.03
12	✓	✓	5.2.03
13	✓	✓	5.2.03
14	✓	✓	5.2.03
15	✓	✓	5.2.03
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46	✓	✓	5.2.03
47	✓	✓	5.2.03
48	✓	✓	5.2.03
49	✓	✓	5.2.03
50	✓	✓	5.2.03

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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